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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/772993
	Filing Date	February 5, 2004
	First Named Inventor	Robert Taft
	Art Unit	3643
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	JMY-P01-007

I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith.			
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<input type="checkbox"/> Applicant/Inventor.			
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature			
Name	Peter Wells		
Date	Aug 14 / 06		Telephone
		207-288-6883	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.		

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**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Taft et al.

Application No./Patent No.: 10/772993 Filed/Issue Date: February 5, 2004

Entitled: METHODS AND SYSTEM FOR MANAGING MOUSE COLONIES

The Jackson Laboratory, a \_\_\_\_\_  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

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- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014970, Frame 0032, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Peter Vells  
Signature

Aug 14/06  
Date

PETER VELLS  
Printed or Typed Name

207-288-6883  
Telephone Number

\_\_\_\_\_  
Authorized Signer for Assignee

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